



# Do shelter homes recover mental health? A case study on women with mental illness in rural community

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## Abstract

Women come under the vulnerable group. In India, they are more vulnerable, because of the socio-economic condition and the cultural constraints. So, mental illness makes it even worse. Mental illness is attached with stigma, not only in India but the world over. All mental illness does not lead to psychiatric disability. Illness like Schizophrenia and Bipolar disorder leads to psychiatric disability which causes problems in all areas of their daily living. It causes discomfort to them as well as significant others. So, when it comes to a woman, she is more affected because society expects her to behave in certain way. When she has a psychiatric disability, she becomes psycho-socially disabled, because psychologically and socially she is not able to perform properly. When she does not perform her role, the family members have problems. Many of them are sent to rehabilitation homes. This study is about 3 women with in the age group of 33 – 50 years, who have been in Home for Children and Adults, which is the rehabilitation home for mentally ill in Coimbatore. The family members feel that, they are better off in the rehabilitation home than they are in their own. Is it that they are not wanting the women back, because of social stigma? Some are mothers, grandmothers and some are unmarried. This case study will talk about various aspects of their lives. How they are adjusting to rehabilitation and how the agency takes care of their needs. The paper also suggests the scope of future research in this area.

**Keywords:** Women, Mental illness, social stigma, Psycho social care, India

## INTRODUCTION

According to the World Health Organization (WHO), “it is estimated that globally 450 million people suffer from mental disorders.”<sup>[1]</sup> Around 80% of the people with mental disabilities live in low- and middle-income countries (LMICs),<sup>[2]</sup> four out of five people with serious mental disorders living in LMICs do not receive the needed mental health services.<sup>[1]</sup> Mental illness accounts for 14% of all disability adjusted life years (DALYs) lost worldwide,<sup>[3,4]</sup> and is one of the major contributors to the global burden of

disease.<sup>[3]</sup> Among Indian population, the estimated prevalence of mental disorders is found to be 5.8%.<sup>[5]</sup> A study from Pune suggests that the prevalence of mental health disorders was 5%;<sup>[6]</sup> a study from Bangalore reports the prevalence of mental health disorders ranged from 9.5 to 102 per 1000 population.<sup>[7]</sup> A study among elderly population of South India estimated the prevalence of depression to be 12.7%.<sup>[5]</sup> Despite the existing programs for the control of non-communicable disease, including mental illness, mental health disorders remains as one of the hidden disease burdens in India due to stigma and

discrimination.[8,9] “Stigma can be divided into public and self-stigma.” Public stigma occurs when the general public supports a prejudice about a stigmatized group. Self-stigma occurs when a member of a stigmatized group internalize the negative views held by the general public.[10] Given its negative impact on treatment seeking, adherence and effectiveness, the stigma associated with mental illness can be considered as a major public health problem. The main determinants and sources of stigma, nature and forms of stigma are of interest hence, understanding the stigma faced by people with mental illness (PWMI) is necessary. In this study, we aim to assess the association of stigma with mental health problems. The study may contribute in bringing up the evidences for stigma against PWMI.

## **RESEARCH METHODOLOGY**

The researcher aims to study the psycho social disability and rehabilitation among women with mental illness. The objective of the study is to identify the various problem faced by women with mental illness in all areas of living, especially in activities of daily living. To address the issues occur in family, when they get psychiatric disability. The Research Design used for the study is case study design. Case study is an intensive study of a case which may be an individual, an institution, a system, a community, an organization, an event or even entire culture (Ram Ahuja.2001). Data collection was done from Home for children and Adults, Coimbatore. HCA is a rehabilitation home for mentally ill. Universe consists of 68 inmates including 27 male and 41 female.

From this researcher took 3 women who are on regular medication and have insight for detailed case study. The researcher interacted with the other women inmates also.

## **Materials and Methods**

### **Questionnaire Design and Analysis**

Tools of data collection were a semi structured interview schedule. 3 case studies those are prominent for psycho social disability is presented below:

### **Results**

#### Case Study 1

A 45 year old married woman was diagnosed as fear and anxiety, three years back her daughter got married without her permission, due to this the relationship between mother and daughter was not good. Once in a public place her daughter shouted and beat her mother when she enquired about her behavior. Hence she felt bad and symptoms like fear of everything, Angry towards others, lack of sleep, poor hygiene and always worrying about small issues. She underwent treatment and now she is able to cope up with her daily activities.

#### Case Study 2

A 41 year old female was diagnosed as bipolar disorder, ten years back during birth party some of her friends make fun in dark place by screaming when she is alone, and hence she fainted and got scared. Due to this she is depressed and having suicidal tendency frequently. She had lack of sleep, lack of appetite, unnecessary thoughts, poor hygiene, restless, bizarre behaviour and anxious. Two years back attempt suicide .Then she was under treatment for longer period and at

present she was not having behavioral problem. She was regularly followed up by the social worker.

### Case Study 3

A 33 year old female was diagnosed as OCD, three years back her son suddenly died due to this shock she lost interest in her day to day activities and always feels her son is around her, then had symptoms like screaming, fear of accidents, fear of sound, self-talking, using bad words towards others, over hygiene, lack of appetite and sleep. She continues her activity, once she finished. She underwent treatment in a hospital with proper medication and therapies. Presently she is fine.

### **DISCUSSION**

On interaction with patients researcher found that many patients have insight into their mental illness and how it affects their daily functioning. Patients are on regular medication and they are able to manage their activities of daily living. But on discussion with head social worker, it was said that many family members are not ready to take these women back because of social stigma and also their lack of awareness about the illness. They fear that illness will relapse and it will create problems in the family. So the family members are willing to spend money on a regular basis, to keep women in the rehabilitation home. They visit the women regularly and some even suffer from guilt because they cannot take them home. So mental illness/psycho social disability once it is revealed it is reflected on them even after they have undergone treatment a gained insight. In Mental illness like Schizophrenia and bipolar disorder psycho social disability

is still evident because of the side effects of the medication. Mental Illness creates conditions wherein many of these women become psychologically and socially disabled. The extent of disability might vary but it is still there in some form or the other. Women are a vulnerable group, being mentally ill increases their vulnerability. Their psycho social disability is a burden to the family. Hence many families keep it a secret and send these women to rehabilitation homes. The agency is aware about various policy and schemes provided for patients by the Government and they are trying to get them for patients.

### **CONCLUSION**

A Mental illness often leads to psychiatric disability and psycho social disability. Even though the awareness of mental illness is increasing, stigma is still very prevalent. Any person with psycho social disability is vulnerable; women are more vulnerability because they are women. Hence regular bio psycho-education is to be given to the family members on a regular basis so they learn about mental illness, treatment and care and also them to take back these people back to their family.

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